

## **Approved Lender Participation Contact Form**

-	e the information below and return to Single Family Business Development Team via <a href="mailto:nders@njhmfa.gov">nders@njhmfa.gov</a> .
_	(Name of Company) elects to participate in the following Mortgage ered by the Agency until the end of the calendar year 2022, unless terminated sooner under his Agreement or extended by written notice from the Agency.
Please check a	all boxes that are applicable:
	First Time Home Buyer Program
	Homeward Bound Program
	Freddie Mac Conventional Program – Coming Soon in 2021
	Down Payment Assistance Program
	PFRS – Police and Firemen's Retirement System Mortgage Loan Program
	Deliver Third Party Originated (Brokered) Loans

Please provide the names, phone numbers and email addresses of the principles at your institution. By providing the email addresses of these individuals, you hereby grant HMFA permission to add them to our email database in order to communicate important program news, updates, and events.

The individuals listed below will receive general correspondence, bulletins and revisions to Lender Participation Guide and are responsible for disseminating this information to your staff at all your branches.

Title	Name (First, Last)	Email Address	Phone # w/ext. if required
CEO/President			
Underwriting Manager			
Sales Manager			
Operations Manager			



If you have multiple Principles, please use the additional space below to provide their information. These individuals will also be added to the HMFA email database in order to receive general correspondence, bulletins and revisions to Lender Participation Guide and will be responsible for disseminating this information to their staff.

Title	Name (First, Last)	Email Address	Phone # w/ext. if required
Underwriting			
Manager			
Underwriting			
Manager			
Underwriting			
Manager			
Sales Manager			
Sales Manager			
Sales Manager			
Operations			
Manager			
Operations			
Manager			
Operations			
Manager			
Other:			
Other:			
Other:			



## Please provide the information below for any third-party originators (mortgage brokers).

Lenders that intend to utilize mortgage brokers in the origination of loans for sale to NJHMFA must notify NJHMFA of their intent to do so. All NJHMFA program loans originated by a mortgage broker must close in the name of the NJHMFA Participating Lender. NJHMFA does not have a direct relationship with third party originators (mortgage brokers). A Participating Lender may originate Mortgage Loans for sale to NJHMFA through a mortgage broker, provided such mortgage broker are in compliance with all applicable state and federal requirements concerning licensing and regulation of mortgage brokers. The Participating Lender is responsible for all warranties, representations, and required oversight of such mortgage brokers.

Mortgage Broker Name	Primary Contact Person	NMLS Number	Email Address	Phone Number



## **Branch Information and Inclusion on HMFA Approved Lender List**

Please provide your Branch information below and state if you would like this information used on the Agency's Approved Lender List. This list is disseminated at outreach events throughout the State of New Jersey and is posted on the HMFA website.

Corporate Office	
Address:	
City, State & Zip:	
Branch Phone #:	
Phone # (Consumers):	
800 # (if applicable):	
Website address:	
Email:	
Yes, this Branch should be on the HMFA Approved Lender List	
Main Branch (If different from Corporate Office.)	
Address:	
City, State & Zip:	
Branch Phone #:	
Phone # (Consumers):	
800 # (if applicable):	
Website address:	
Email:	
Yes, this Branch should be on the HMFA Approved Lender List	
<b>Branch 1</b> (If there are more than two branches, please use additional copies of this fo	orm.)
Address:	
City, State & Zip:	
Branch Phone #:	
Phone # (Consumers):	
800 # (if applicable):	
Website address:	
Email:	
Yes, this Branch should be on the HMFA Approved Lender List	



Branch 2	
Address:	
City, State & Zip:	
Branch Phone #:	
Phone # (Consumers):	<u></u>
800 # (if applicable):	
Website address:	
Email:	
Yes, this Branch should be on the HMFA App	
Please list information below for your Internet Loan	Reservation System Administrator.
This individual will be responsible for granting and m	
Name:	_
Title:	
Phone:Ext:	
Email:	

Once all information is completed, please email to Single Family Business Development Team at <a href="mailto:SFLenders@njhmfa.gov">SFLenders@njhmfa.gov</a>.